EXILED WRITERS INK

Membership form

Name:		
Address:		
Telephone:		
Fax:		
E-mail:		
Country of origin:		
Type of writer:		
Publications:		
Is any of your work in English?	Yes / No	
Are you interested in doing work	in schools and colleges?	Yes / No
What is your special interest if yo	ou are not a writer in exile?	
Any other points		
Signed	1	Date
You will be kept informed of all ac nity to participate in paid work.	ctivities of the organisation ar	nd may have an opportu-
Membership of Exiled Writers	lnk:	
£20		
If there are problems regarding payment, please contact EWI in confidence.		
Donations would be much app	reciated.	